

"nature" to see things white as good and black as bad yesterday. A new tradition has made many of us see black as beautiful today.)

These are only random examples of well known questions, which could be answered by an equally well known method: Scientific experiment.

Unfortunately, the temptation to engage in easy moralizing is often irresistible — as this letter proves once more. Can we all resolve to publish data rather than exhortations the next time around?

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## A Way to Make More Medical "Schools"

*To the Editor:* No expansion short of doubling our medical schools' graduating classes is going to do more than maintain the present physician-population ratio. Even the most optimistic realize that by using the customary channels—larger grants, larger classes, larger physical plants, new medical schools, larger faculties, etc., there can be no net gain in the supply of doctors in less than ten years.

There is, however, a relatively simple way that would provide immediate relief to some overworked doctors, an absolute doubling of physician graduates in four years, besides better trained graduates.

Simply realize and capitalize on the fact that there are as many practicing physicians and/or hospital staffs as there are medical students who could give students adequate clinical teaching and experience away from the confines of medical schools.

We could begin the regular number of freshman medical students this fall. After six months of classroom work, preceptorship them out to carefully screened active doctors' offices, medical groups, and/or hospital staffs for six months, and admit a second freshman class of equal numbers.

By thus alternating six months of classroom work with six months of high quality on-the-job-training throughout the four years, not only would these graduates be as well or better equipped for

practice, but they would also have helped ease the doctor shortage from their first year of medical school.

The stage is ripe for legal licensing of a new level of physician assistants. Certainly there could be no better physician assistants than medical students advancing in training and responsibility under legal licensure throughout their medical course.

Besides the actual valuable experience of studying and helping with a busy private practice, staff meetings, teaching rounds, pertinent lectures, etc., are available to the preceptee in every medical community.

Still another plus is the fact that the student as a salaried physician assistant could defray at least a part of the medical school expenses. This would automatically open the way for more medical student prospects from the lower income levels.

It would be understandably difficult for deans and curriculum planners to see the full merit of an educational plan so drastically different from what they have painstakingly and skillfully evolved over the years. Therefore, to institute this or any other radical change, the ball probably will initially have to be picked up and carried by those not at present directly involved with medical school curriculum planning.

If this is not a feasible plan or if there are better alternative ways of immediately doubling our medical school enrollment, let's hear it.

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*Fresno*

## Costly Mythology In Health Care

*To the Editor:* Your article *Costly Mythology in Health Care* [(Editorial). Calif Med 112:81-82 Mar 1970] has the one salutary effect of making one think about your statements.

You label as a myth the fact that "Scientific medicine can bring good health if it is readily available and used correctly." That fact must be questioned and corrected.

Scientific medicine has brought good health where it has been properly applied. Especially noteworthy are the areas of Preventive Medicine: